

No. 300
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 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **17270**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 547		Registrar's No. 1072	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri 4 COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) Richmond Heights		c. LENGTH OF STAY (in this place) 2 Months		c. CITY OR TOWN HANLEY HILLS 280		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospt.				e. STREET ADDRESS (If rural, give location) 7906 Page Ave.			
3. NAME OF DECEASED (Type or Print)		a. (First) Katherine		b. (Middle) Staudt		c. (Last) _____	
4. DATE OF DEATH		(Month) 5		(Day) 12		(Year) 55	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 7/28/1883	
9. AGE (in years last birthday) 71		If UNDER 1 YEAR: Months _____ Days _____		If UNDER 10 HRS: Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner Meyer Printing Co.				10b. KIND OF BUSINESS OR INDUSTRY _____			
11. BIRTHPLACE (City and State or Foreign Country) Brooklyn, N.Y.				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Jacob Endres		13b. MOTHER'S MAIDEN NAME Josephine Unk		14. NAME OF HUSBAND OR WIFE Edward Staudt Dec.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 4445		17. INFORMANT'S SIGNATURE OR NAME Anna Branham ADDRESS 7908 Page Ave.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anterior chestic heart disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH 1 year	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from May 19, 1954 , to May 12, 1955 , that I last saw the deceased alive on May 11, 1955 , and that death occurred at 4:30A m. , from the causes and on the date stated above.							
23a. SIGNATURE Joseph V. Finnegan (Degree or title) M.D.				23b. ADDRESS 508 N. Grand		23c. DATE SIGNED May 13, 1955	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/14/55		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
DATE REC'D BY LOCAL REG. 5/12/55		REGISTRAR'S SIGNATURE Herbert H. Lamb		25. FUNERAL DIRECTOR'S SIGNATURE Jos. W. Clark ADDRESS 1125 Hodiamont Ave.			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision:.

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 26

P. O. Address 11257th

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.
If this body is not embalmed, fact should be so stated above.